

## AMERICAN INTELLIGENCE.

## ORIGINAL COMMUNICATIONS.

*Removal of a Foreign Body from the Bladder.* By E. W. THEOBALD, M. D., of Baltimore, Md.

Mrs. B. had been confined two months prior to my visiting her. The accoucheur finding it necessary to draw off the urine, and not having a more suitable instrument at hand, undertook to perform the operation with a clyster-pipe, an ivory end-piece which screws into the elastic tube of a syringe, its length being about three inches. To the screw extremity he tied a thread to guard against accident.

Whilst the woman was free from suffering, he introduced the instrument; but, unfortunately, a severe labour-pain came on very soon after, and caused such a contraction of the urethra that the tube was forced from his grasp and lodged in the bladder.

The subsequent sufferings of the patient from the presence of the tube in that organ, led the accoucheur to disclose the secret to me, that I might perform the operation of extraction. The most profound secrecy towards the family, concerning the nature of the case, was required of me. Our patient was a woman of good constitution, and about twenty-five years of age. Her sufferings from the accident had been intense. I found her exceedingly debilitated and emaciated. The symptoms, of course, were the same as those ordinarily present in a case of stone in the bladder.

Having placed the patient on her back, with her hips and heels resting upon the edge of the bed, I proceeded, with the assistance of my friend, the accoucheur, in the following manner:—

To ascertain if there was a foreign body in the bladder, I introduced a small, straight steel sound, and immediately touched it. My decision was to dislodge it, if possible, without making an incision to dilate the urethra. Accordingly I withdrew the sound, and inserted a large elastic bougie, which I allowed to remain some minutes. Removing this, I introduced a small pair of polypi-forceps, with which I dilated the urethra still more. On seizing hold of the foreign body, I found it, to my regret, lying transversely across the mouth of the bladder. The great irritability of that organ, brought about by the presence of the tube for two months, and increased, at the time of the operation, by the introduction of my instruments, caused the bladder to contract so powerfully as to preclude a possibility, with my forceps alone, of bringing an end of the tube to the orifice of the bladder. I next introduced the index finger of my left hand into the vagina; and passing it upwards behind the bladder, I distinctly felt one end of the tube. By a little tact, gently pushing that end with the point of my finger, and cautiously grasping it with my forceps, I was able very gradually to accomplish my object.

The woman suffered considerable pain for a short time after the operation. In the course of a week she was perfectly well, and attending to her domestic concerns.

On examining the tube after its withdrawal, I found it to be incrusted with a calcareous deposit, consisting principally of phosphate of lime.

The patient remains ignorant, to the present hour, of the fact that there was such a foreign body in her bladder as was extracted from it.

*Hemorrhage from Various parts of the Body.* By CYRUS WATERS, M.D., of Montgomery County, Maryland.

S., a remarkably healthy, robust negress, aged about 19, was caught away from home, in the autumn of 1839, by a hail storm, and took shelter in a spring house located in a ravine. The rain fell so very heavily that she was soon standing several feet deep in a stream of water, which was rendered very cold by the solution of the hailstones. She remained nearly an hour in this condition, but by a little care recovered without any serious indisposition. Her general health seemed, however, slightly impaired, though she rarely made any complaint. Early in Nov., from one to two months after the above occurrence, she complained for several days of headache and general malaise; her catamenia came on, but very soon ceased. She was now seized with violent paroxysmal abdominal pain, vomiting and constipation, with but little fever. After these symptoms subsided, slight bronchitis set in, and the intestinal secretions were in an unhealthy condition. In the course of the treatment, her gums became slightly affected by mercury, but there were no ulcerations. Now a miliary eruption broke out and annoyed her exceedingly. It soon disappeared. In about two weeks from their appearance above noted, the catamenia recurred and continued naturally. She now gradually and steadily improved, and resumed her domestic duties.

I furnish this history to aid in tracing the cause of the following attack.

*Dec. 5th.* Called to her for epistaxis of two days' continuance. This was preceded by pain in her head and back, and several small tumours about the axillæ, which were apparently seated in the skin, painful, gradually enlarging, and finally the skin over them cracked, and gave exit to a thin serum, containing the colouring matter of the blood, and possessing some tendency to coagulation. The blood, on my arrival, had ceased to be discharged from the anterior nares, which were stuffed with a soft dark coagulum, and I was shown about a pint and a half of dark, frothy, very imperfectly coagulated blood which she had spat out, after it had descended from the posterior nares into the fauces. About twelve hours before I saw her, a small tumour made its appearance upon the mucous membrane of the right cheek. From this a thin, partially coagulating blood soon began to ooze, and at the same time the base of the tumour extended. When I saw it, the appearance was that of a spongy fungous growth, an inch or more long, and nearly an inch wide, considerably elevated above the healthy surrounding membrane, covered with dark blood and giving issue continually to the same kind of fluid. The discharge from the nares seemed to have ceased. Within the last eight or ten hours the labia pudendi had become swollen and painful, and from their internal surface a similar fluid escaped, and was mistaken for the menses, although these had ceased only about two weeks previously. She complained greatly of debility; skin cool, pulse very feeble, slightly quickened, tongue coated.

*6th.* Tongue black, and looks as if covered by a thin coagulum of blood; the bleeding tumour upon the buccal membrane is diminished. There are several bloody tumours upon the skin, but the most remarkable one is situated upon the inner part of the arm near the insertion of the pectoralis major. A space three inches long, by one inch wide, is considerably elevated, soft, spongy, and giving exit slowly to the same dark, thin, imper-